Labor and Industries Pension Benefits Section PO Box 44281 Olympia WA 98504-4281



ADDRESS CHANGE REQUEST

(360) 902-5119

Effective Date					
NAME	Claim #		Folio#		
Please check one:					
Pensioner	Depende	nt 🗌	Power of Atto	orney/Guardian	
New Mailing Address					
City			State	ZIP+4	
Please provide us with the telephor					
Work Telephone Number (if applicable)		nome reie	phone Num	ber	
Signatura		Doto			
Signature		Date			

(PLEASE NOTE that any change of address must be received in this office no later than the 8th of the month to effect payments scheduled to be mailed to you on the 15th of the month. (This does not effect those who have direct deposit.) Should you choose, for quick arrival, you may fax your request back to the department at (360) 902-5156.